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NOTE: For more information of TB infection treatment, see chapter 6 of the Core Curriculum.

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Infection Treatment: Monthly Monitoring

POLICY: All persons on infection treatment will receive at least monthly review by the public health nurse. The review will assess for adherence to the prescribed medical regimen, signs and symptoms of adverse reactions to the medication(s), and an appropriate clinical assessment.

PURPOSE: To assure that the patient is taking the prescribed medical regimen as directed, to promptly identify adverse reactions and bring to the health care provider's attention, and to assess for any signs or symptoms of tuberculosis disease.


PROCEDURE: **(All documentation may be recorded on the TBC-4.)** Schedule a visit (clinic or home) with the patient at least monthly to:

1. Monitor for toxicity, which must be individualized and based on the medication(s) prescribed, and patient factors related to toxicity, e.g., age, alcohol use, other medications, malnutrition, etc. (See Section 4.0) Notify health care provider if signs or symptoms of toxicity are noted.
2. Assess patient for signs and symptoms indicative of tuberculosis disease. **If any are present, immediately notify the physician to obtain a complete medical evaluation and chest x-ray, and collect sputum specimens.**
3. Draw blood for liver function studies as outlined in the *Core Curriculum*. Note that the Unit will only fund those drawn for signs and symptoms of hepatotoxicity. If physician orders are for baseline and routine Liver Function Tests (LFT), seek reimbursement from the patient or other sources. **If results are within the "Values of Concern" column of the chart in Section 4.0, contact the health care provider promptly for further orders. If the health care provider is unavailable, tell the patient to discontinue the medication(s) until further notice (no more than 2-3 days).**
4. Assess for adherence to the prescribed medication regimen. Counting the pills left in the container and asking the patient how many times the medication(s) was missed are both appropriate methods to determine adherence.
5. Provide patient education. All patients who have infection treatment prescribed must be fully informed about the medication(s), including potential adverse effects and what to do should they occur. Written information should also be provided that the patient may take home as reference material. All written materials should be reviewed with the patient when it is presented, and at subsequent visits as necessary (see Section 10.0).

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All patients need to understand the importance of taking the medicine(s) exactly as directed for as long as directed. Emphasize that taking only part of the medicine or missing doses may result in lack of full protection. Each visit is an opportunity to reinforce the information presented at previous visits.

At each visit, document patient's education, issuing of medication, monitoring for adverse reactions, and adherence to the prescribed medication(s) and record these actions on a TBC-4. When the patient has completed or stopped infection treatment, complete the back of the TBC-4 and submit to the appropriate state office so the statewide completion of infection treatment rate can be tracked.

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Check List for TB Infection

INITIAL WORKUP:


	YES	NO	NOT APPLICABLE
Front side TBC-4 completed			
Release of information signed			
Educational material given			
Chest x-ray results obtained			
Liver function tests results obtained			
Prescriptions obtained and faxed to Preferred Pharmacy			
Verbal education – medication & infection			
Admission note completed			
Front side TBC-4 sent to district office			

DURING TREATMENT:

	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6
Meds dispensed						
Document list						
LFT if indicated						

COMPLETION OF TREATMENT:

	YES	NO
TBC-4 completed		
Completion letter to client		
TBC-4 sent to district office		

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Infection Treatment: Directly Observed Treatment of Infection (DOTI)

POLICY: For high-risk persons (homeless, HIV+, alcoholics, drug abusers, other medical conditions that increase the risk of progressing to tuberculosis disease) being treated for tuberculosis infection, directly observed infection therapy (DOTI) may be appropriate.


PURPOSE: To assure that all patients taking infection therapy will take the medications as ordered and until completed.

PROCEDURE: When a person is identified as having tuberculosis infection and is determined to be at high risk for progressing to tuberculosis disease, explain the purpose of DOTI to the patient and/or the family.

Help the patient with determining the best method of accomplishing DOTI:

- a. Coming to the health department on a daily, two or three-times weekly basis.
- b. Meeting with a health care provider at another site (school, worksite, other community setting) on a daily, two or three-times weekly basis.
- c. Selecting a mutually agreeable third party to supervise the ingesting of medication on a daily, two or three-times weekly basis. **It is recommended that the observer NOT be a family member other than a parent, to avoid possible coercion by the patient (see Section 4.1).**

If option C (above) has been selected, the observer must be trained in the responsibilities of the role. Such responsibilities include reliability in actually observing the ingestion of the medications, assuring that each one has been swallowed, and keeping record of each observation (see Section 9). **The importance of taking the prescribed medication(s) in exactly the prescribed dosage and frequency must be impressed upon both the patient and the observer.**

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Infection treatment: Guidelines for DOTI Therapy

POLICY: All observers for patients on Directly Observed Infection Treatment (DOTI) will follow the procedure outlined below.

PURPOSE: To assure that all patients taking infection treatment will take the medications as ordered and until completed.

PROCEDURE: The observer may be any responsible person other than the patient or one who is subservient to the patient.


The public health nurse, the observer, and the patient will set a mutually agreed upon schedule and site for observing the actual ingestion of the medication(s).

The observer must actually see the patient swallow the medication(s). It is recommended that the observer remain with the patient for approximately five (5) minutes after the medication has been ingested, to assure that there is no regurgitation of the medication(s).

If the patient misses even one (1) appointment to take the medication(s), the observer **MUST** notify the community health nurse immediately. The nurse then **MUST** immediately try to locate the patient and re-institute DOTI.

The **observer** and the **patient** must be instructed and have written materials regarding the potential adverse reaction(s) to the medication(s), which the patient is taking. Each time the observer and the patient meet for medication(s), the observer must check for any signs or symptoms of adverse reactions.

The observer must date and sign for each dose of medication ingested. This documentation then becomes part of the patient's medical record.

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Infection Treatment: Re-exposure After Completing Infection Treatment


It has long been thought that once tuberculosis infection has been established, that specialized T-lymphocytes that are sensitized to *Mycobacterium tuberculosis* will immediately kill any new tubercle bacilli coming into the body through re-exposure to someone with infectious tuberculosis. However, it has become apparent, for HIV+ persons, that this mechanism may not be effective in preventing re-infection. This may also be true for other immunocompromised persons, or even for immunocompetent persons.

The tuberculin skin test cannot be used to ascertain whether re-infection has occurred, as a positive result would be expected due to the prior infection. Each situation must be evaluated individually. Factors to be considered include:

The infectiousness of the source case of the current exposure;
Length and level (close, casual) of current exposure;
Drug resistance of organisms from the source case of the current exposure;
Risk factors, e.g., immunocompromised, other medical conditions, etc., of the re-exposed person; completion of infection treatment for the prior infection.

Either of the following two (2) options may be appropriate to a specific person and situation:

1. After a complete medical evaluation and chest x-ray to rule out current pulmonary tuberculosis, initiate another complete course of infection treatment.
2. After a complete medical evaluation and chest x-ray to rule out current pulmonary tuberculosis, instruct the patient on the symptoms of tuberculosis disease, provide a written list of the symptoms, and instruct the patient to seek medical attention immediately should such symptoms suggestive of tuberculosis appear.

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Infection Treatment: Follow-Up After Completion of Infection Therapy

NAME _____ DOB _____

ANNUAL STATEMENT FOR TUBERCULIN REACTORS

- ☐ I am tuberculin positive. I have had the recommended course of treatment for tuberculosis infection or disease.
- ☐ I am tuberculin positive. I have had one negative chest x-ray since becoming tuberculin skin test positive.

This statement is to confirm that I DO NOT have symptoms consistent with pulmonary tuberculosis such as:

Cough lasting longer than three (3) weeks
Unexplained fever
Night sweats
Unexplained weight loss
Coughing up blood
Chest pain

If none of these symptoms are present, a chest x-ray is NOT NECESSARY.

If I develop any of these symptoms, I agree to seek immediate medical attention.

Signature

Date